

215025105
49997

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 153	Agency Case No. B5-056352	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/24/2015		TIME OF ACCIDENT 1836	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1836	06/25/2015									
B	87	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. Private Drive of 1300 SW 10th St			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION										
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING								
				11.00	X	E Curb SW 10th St								
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
VEHICLE NO. 1														
F	1	DRIVER LICENSE NO.	H13029572		STATE (Of License)	NE SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE								
V1/N	1	DRIVER	CORY W FLYNN		PHONE	LOCAL NO.								
V2/N		DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/22/1988								
G	2	OWNER	PATTI L FLYNN		PHONE	LOCAL NO.								
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.								
V1/O	1	LICENSE PLATE	PA NO. SNP892	YEAR (Plate Expires)	2015	STATE (Of Plate) NE								
V2/O		VEHICLE	1996	MAKE	Jeep	MODEL	Limited	BODY STYLE	Medium/large	COLOR	green	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 600	
V1/O	1	VEHICLE ID NO. (VIN)	1J4EZ78Y3TC107846		INSURANCE COMPANY			GEICO						
V2/O		TOWED TO	TOWED BY		POLICY NO.			4383007442						
VEHICLE NO. 2														
I	1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE							
V1/P	1	DRIVER			PHONE	LOCAL NO.								
V2/P		DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)									
J	01	OWNER			PHONE	LOCAL NO.								
V1/Q	3	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.								
V2/Q		LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$				
V1/Q	3	VEHICLE												
V2/Q		VEHICLE ID NO. (VIN)			INSURANCE COMPANY									
K	01	TOWED TO	TOWED BY		POLICY NO.									
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	0	NAME	ADDRESS		08/29/2007		19		01	3	2			F
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							
			BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue									
VEH. #		NAME	ADDRESS											
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							
VEH. #		NAME	ADDRESS											
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							

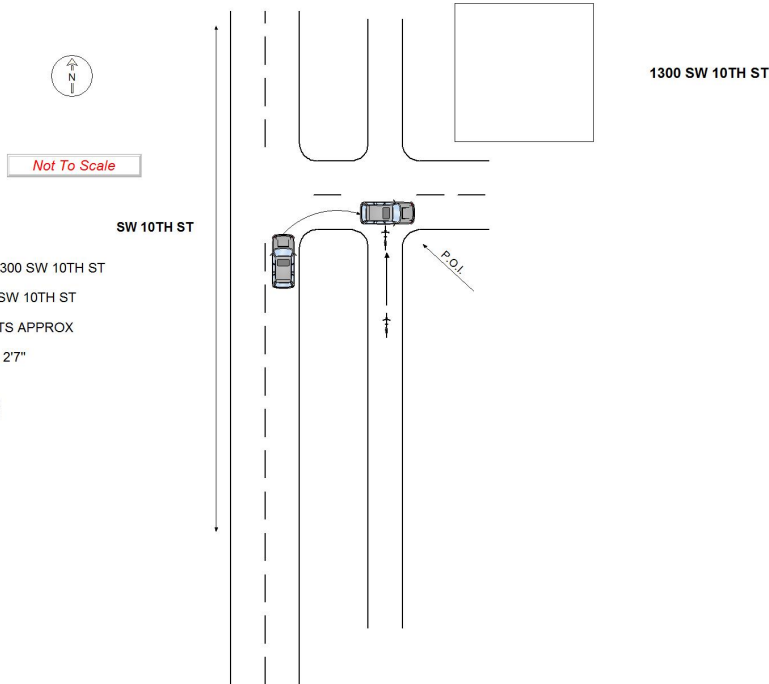
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-056352



Indicate
North
by Arrow



POI: 2'7" N OF S CURB 1300 SW 10TH ST
11'4" E OF E CURB SW 10TH ST
ALL MEASUREMENTS APPROX
SKID MARK: 2'7"

→ TOY ELECTRIC
MOTORCYCLE

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Cory states he was driving on SW 10th St approaching 1300 SW 10th St at approx. 5-10 mph and turned right into the private drive. He stated he did not see anyone when Reina collided into the side of his vehicle. Ofc arrived on scene and observed a toy electric motorcycle with a bent front wheel. Ofc observed Cory's vehicle to have a dent consistent with being struck by an object on its right side. Ofc observed a skid mark on the sidewalk from rubber tires that was 2'7" long that went South to North where the POI was located. The skid went straight on the sidewalk and is consistent with Reina going n.b. on the sidewalk and skidding in an attempt to avoid a collision with VEH#1. Photos taken of the toy motorcycle, VEH#1, and the skid. Reina was transported to the hospital for a minor contusion to the head. No citations issued.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																				
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2																									
1			X		Private Drive																											
2																																
1	01				POINT OF IMPACT	03	POINT OF IMPACT		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		Y	Y	Y	ALCOHOL LEVEL TESTED	N	X	N						
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OFFICER NO. 1647	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Phillip Tran		INVESTIGATOR SIGNATURE Approved by Ofc Phillip Tran	
DATE OF REPORT 06/25/2015			